

MEMORANDUM OF UNDERSTANDING (MOU)

by and between

THE U.S. DEPARTMENT OF ENERGY (DOE)

and

THE REPUBLIC OF THE MARSHALL ISLANDS (RMI)

MINISTRY OF HEALTH AND ENVIRONMENT

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**I. BACKGROUND**

The Governments of the Republic of the Marshall Islands (RMI) and the United States (US) met in Honolulu, Hawaii, on May 14-15, 1996, for the annual RMI-US Department of Energy (DOE) meeting to discuss the status of two U.S. DOE programs, the medical monitoring and care program and the environmental monitoring program, which the U.S. Congress mandates as a result of the U.S. Nuclear Testing Program.

Based on the deliberations at that meeting, a Joint Communique was signed on May 15, 1996, by the RMI Foreign Minister, the Deputy Assistant Secretary for Health Studies, Department of Energy and the Director for Policy, Department of Interior.

One of the issues addressed that needs joint resolution by interested parties was the need for integration and improved coordination of medical records, referrals, and statistics of the DOE Marshall Islands Medical Program (MIMP), the RMI 177 Health Care Program (HCP), and the RMI public health program.

At a meeting on June 7, 1996, at the RMI Embassy in Washington, D.C., it was resolved that a Working Group #5 (WG5) be formed and tasked with reviewing and working toward the integration and improved coordination of medical records, referrals, and statistics of the DOE MIMP, the RMI 177 HCP, and the RMI public health program.

In the resulting 30-day action plan developed in conjunction with the June 7, 1996, meeting, it was noted that coordinated records, referrals, and statistics will allow the

DOE (MIMP), 177 HCP and the RMI national government the to provide the best possible care of patients, and to provide a better understanding of the extent of illness in the population. The working group was charged with exploring ways to better coordinate information presently kept by each of the three health care providers.

United States Public Law (P.L.) 96-205 authorized the establishment of a specific program of comprehensive health care under the U.S. Department of the Interior (DOI) for the people of the four Marshall Islands atolls of Bikini, Enewetak, Rongelap, and Utrik (the Four Atolls) who were affected by the U.S. nuclear testing program. Accordingly, a medical treatment and care program was implemented by DOI in the Marshall Islands. This program became the responsibility of the Government of the RMI with the implementation of the Compact of Free Association (U.S. P.L. 99-239) and it is presently known as the 177 Health Care Program (HCP).

DOE, through U.S. P.L.s 95-134, 96-205, and 99-239, also provides medical surveillance and treatment of those Rongelap and Utrik individuals exposed in the Marshall Islands (the exposed population) to radioactive fallout on Rongelap and Utrik as a result of nuclear test BRAVO in 1954. The 253 originally exposed persons of Rongelap and Utrik have been monitored and treated by DOE and its predecessor agencies since 1954. The surviving members of the exposed population now number approximately 135.

All of the exposed population are currently eligible to be enrolled in the 177 HCP, as well as with the DOE's medical surveillance and monitoring program activities. The United States continues to provide special medical care and related logistical support to the remaining exposed persons.

## II. OBJECTIVES

1. Effect better coordination of records, referrals, and statistics to allow the DOE (MIMP), 177 HCP and the RMI national government to provide the best possible care of patients.
2. Work collaboratively to establish the mechanisms needed to provide a better understanding of the extent of illness in the jointly treated patients.
3. Explore better ways to coordinate information presently kept by each of the three health care providers.
4. Develop a shared medical record storage room or facility in Majuro where jointly approved medical staff can access and review medical record data while ensuring at all times that the privacy of the individual Marshallese patient is maintained within the Joint Commission on Accreditation of Hospitals guidelines.

### III. UNDERSTANDINGS

1. DOE will require the assistance of the Ministry of Foreign Affairs, the Ministry of Health and Environment and the 177 Health Care Program to provide suitable space/facility in Majuro to set up a joint record office which will include hard copies of medical records of jointly shared Marshallese patients and access and use of CDROM reader and a microfilm reader where full medical records can be reviewed.
2. The 177 Health Care Program will assist DOE by sharing responsibility as custodian of the medical record space/facility and will ensure that all records are used and maintained within the guidelines set forth by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
3. Any statistic generated as a result of the treatment of these jointed treated Marshallese patients will be maintained in the jointly used space/facility.
4. Effort will be made to develop an electronic means of tracking the providing of medical care for patients jointly treated by the DOE (MIMP), the 177 HCP or the RMI public health program to ensure they receive the best possible care and that the extent of their illness is properly identified.

### IV. SHARING MEDICAL DATA AND RECORDS

1. The 177 HCP, the Ministry of Health and Environment, and the DOE (MIMP) will exchange information and medical records on the exposed and comparison group individuals, within their respective programs within 90 days of seeing the patient. For referral patients, copies of pertinent current medical data should be shared within 60 days, when possible. A written, signed release of the patient is required, and adequate attention should be given to exercising safeguards to ensure the privacy and confidentiality of the information.
2. The DOE (MIMP) shall make available to the 177 HCP the complete medical records of all enrollees in its medical surveillance program from 1954-1994, and with periodic updates of information. DOE has made all such records available on both a readable CDROM and on microfilm, which have been provided to the 177 HCP Program Administrator. The 177 HCP will ensure confidentiality of the records and will provide a written statement to that effect to DOE (MIMP).
3. The 177 HCP will provide DOE with followup reports consisting of a clinical summary of the medical care provided and the status of the exposed and comparison populations referred by DOE (MIMP) to the 177 HCP.

4. In order to enable DOE (MIMP) to adequately plan the missions to meet the health care requirements of the exposed population, and to ensure that the medical treatment records of the exposed and comparison populations are current and contain all significant health care information, the 177 HCP and the Ministry of Health and Environment will promptly inform DOE of all serious illnesses and deaths that occur within the two populations.
5. Death certificates, where available, will be provided to DOE (MIMP) by the Ministry of Health and Environment or the 177 HCP within 60 days of learning of the death of an exposed or comparison group person.

## **V. COORDINATION**

1. It is recognized by the 177 HCP and the DOE (MIMP) that the objectives of this MOU cannot be realized without the involvement, participation, and contribution of the Ministry of Foreign Affairs and the Ministry of Health and Environment. Accordingly, DOE (MIMP) and the 177 HCP will continue to coordinate and to consult with the Ministry of Foreign Affairs on the progress and status of improved medical record sharing procedures and the effective tracking of jointly treated Marshallese patients that receive treatment in the DOE (MIMP), the 177 HCP, and the RMI public health program.

## VI. REVIEW AND CONCURRENCE

This MOU will be reviewed and updated once every 3 years by the Director, Office of International Health Programs and the 177 HCP Program Administrator, or their designees, in coordination with the RMI Ministry of Foreign Affairs and the Ministry of Health and Environment.

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Paul J. Seligman, M.D. MPH  
Deputy Assistant Secretary  
for the Office of Health  
U.S. Department of Energy

Dated: \_\_\_\_\_

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Donald Capelle  
Secretary, Ministry of Health &  
Environment  
Republic of the Marshall Islands

Dated: \_\_\_\_\_

### CONCURRENCES:

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Nancy L. B. Fanning  
Director, Office of Policy  
Office of Insular Affairs  
U.S. Department of Interior

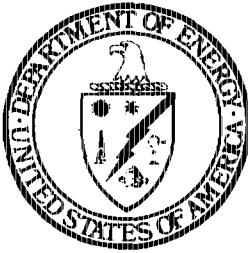
Dated: \_\_\_\_\_

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Phillip Muller  
Foreign Minister  
Government of the  
Republic of the Marshall Islands

Dated: \_\_\_\_\_

\_\_\_\_\_  
Approved as to Form  
Attorney General  
Republic of the Marshall Islands

Dated: \_\_\_\_\_



U.S. Department of Energy  
Office of Health Studies  
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Date: November 18, 1996

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No. of pages including cover sheet: 09

Comments:

Jean:

Dr. Seligman has us working closely with the RMI Embassy to come up with some early successes in some of the identified Joint Communique working group activities. Just this past Friday, Holly Barker has come up with recommendation that is discussed in the attached e-mail that I have sent around to everybody within DOE. Would you be so kind as to review the proposed draft MOU and let me know if there are other considerations that I have missed or changes that might have to be made. Much of this wording comes from a full draft MOU that covers our whole spectrum of relations with RMI on our medical program interfaces based on the one we all reviewed prior to the fall medical mission in 1995. Looks like the full version will not really be going anywhere, but this abbreviated one might. Let me know your thoughts and if you think we could strike toward such a shared system of records in Majuro and electronic tracking processes under this agreement.

Tom

thor: TOM BELL at EH-07  
te: 11/18/96 1:54 PM

Priority: Normal  
Receipt Requested

TO: FRANK HAWKINS  
TO: PAUL SELIGMAN  
TO: ANDREW LAWRENCE  
TO: Elaine Gallin  
TO: NEIL BARSS  
TO: DIANA CLARK at GC  
TO: WILLIAM D JACKSON

Subject: Abbreviated Health MOU for Med Record/Referrals sharing

----- Message Contents -----

Frank/Paul:

Per my previous e-mail, Holly Barker's recommended that we approach success on WG5 at the January 28-31, 1997 Majuro meeting by limiting the scope of the MOU with the Ministry of Health and Environment to just the issues in WG5 (Sharing of medical record data, medical referrals coordination and sharing of medical statistics arising out of such joint medical care of Marshallese patients).

Attached as file "mouhea4a.n96" is my promised attempt to scale down the whole Ministry of Health MOU provided to Holly as an attachment to the WG1 2 pager. This abbreviated version just deals with the WG5 issues.

I have faxed a copy to Jean Howard, M.D. to get her perspectives, but do you all agree that this is a good tact to take. How soon shall I share a copy of this with Holly to allow her coordination with Minister Donald Capelle and Minister Philip Muller.

Diana, for you benefit, I have attached the goals in WG5 two pager (i.e., "brfrec5.wg5) that we are using in preparation for the Majuro meetings.

Bill, I will send these attachments to you via Eudora Mail.

Tom